

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 4/14/2010

**Address:** SO. SIDE OF LAKE VIEW AVE

**Case #:** 24F31392

APPROX 100 YRDS WEST OF

**County:** ELKHART

SR 19 ELK, IN 46514

**Type of Laboratory Seizure** (check one)

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open – No Structure  
☐ Other: \_\_\_\_\_

**Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: OUT SIDE  
☒ Water Reactive Metal (Lithium): OUT SIDE  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: OUT SIDE  
☒ Corrosive Base: OUTSIDE  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: ELK. CNTY

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: OSOLO

Fax: 574-266-6208

Health Department: ELKHART

Fax: 574-295-6186

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: BRAD A KAIZER 5032 Phone 800-421-4912

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.